



THE
HEALTH OF HARLOW
IN THE YEAR
1962

Errata

Page 20 - Care of Mothers and Young Children (Section 22)

Line 3 - For "24,696 children were thus examined."
substitute "24,696 examinations were thus carried out."



THE HEALTH OF HARLOW in the year 1962

being the

ANNUAL REPORT

of the

MEDICAL OFFICER OF HEALTH

Incorporating the Report of the Chief Public Health
Inspector

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PUBLIC HEALTH COMMITTEE

as at

31st December, 1962

Chairman:

Councillor Mrs. S. ANDERSON

Vice-Chairman:

Councillor A. F. SMITHERS

Members:

Councillor H. EVANS

Councillor Mrs. D. E. LANE

Councillor J. S. HIDE

Councillor S. C. LANE

Ex-Officio Members:

Councillor R. W. DALLAS

Chairman of the Council

Councillor R. J. WARD

Vice-Chairman of the Council

STAFF OF THE PUBLIC HEALTH DEPARTMENT

Medical Officer of Health:

I. ASH, M.D., D.P.H.

Deputy Medical Officer of Health:

(Part-time):

L. S. FRY, M.D., D.P.H.

Office: Netteswell Hall, Harlow, Essex

Telephone: Harlow 26601

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(1), (2), (3)

Senior Additional Public Health Inspector: S. A. EADE, M.A.P.H.I., M.R.S.H. (1), (2) (3),
(4), (5)

Additional Public Health Inspector: W. WOOD, M.A.P.H.I. (2), (3), (6)

Additional Public Health Inspector: M. R. RUOCCO, M.A.P.H.I., M.R.S.H., (1), (2),
(3), (from 1.10.62)

Chief Clerk: Miss A. E. A. ROTHWELL

*Personal Administrative Assistant
to Medical Officer of Health:* Mrs. V. LEMON (to 31.8.62)
Mrs. M. HARGREAVES (from 24.9.62)

Clerk: Mrs. V. KERR (to 30.9.62)
Miss M. POWELL (from 17.9.62)

Clerk/Telephonist: Miss S. BIGGADIKE (from 1.10.62)

Junior Clerk: Miss J. RODWELL

- (1) Certificate of the Royal Sanitary Institute and Sanitary Inspectors Examination Joint Board
- (2) Royal Sanitary Institute (Meat and Other Foods) Certificate
- (3) Diploma of the Royal Society of Health for Smoke Inspectors
- (4) Certificate in Sanitary Science, Royal Sanitary Institute
- (5) Diploma in Hygiene, Royal Institute of Public Health and Hygiene
- (6) Sanitary Inspectors' Certificate, Royal Sanitary Association of Scotland

To the Chairman and Members of the Harlow Urban District Council.

MR. CHAIRMAN, LADIES AND GENTLEMEN,

I have the pleasure to submit to you my Annual Report on the health of Harlow in 1962, compiled in accordance with the requirements of paragraph 15(5) of the Public Health Officers Regulations, 1959, and the Ministry of Health's circular 1/63 of 30th January, 1963.

This year the chapter dealing with personal health services, which are the responsibility of the County Council, has been extended to form a separate section. As Area Medical Officer I now have direct administrative control over these services and no longer need to rely on somebody else for information about them. I hope, therefore, that you will find my report better balanced and more complete than hitherto. Some of the data relating to County Council health services are available only for the last quarter of the year, i.e. since the formation of the new Health Area.

The statistics of births, deaths and infectious diseases present a very satisfactory picture of the health of the community. The rather high incidence of still births and neonatal deaths in 1961 did not persist; as had been expected, it was due to statistical chance and was of no significance.

The provision of general practitioner medical services in the town was of a high standard, whilst construction of Stage II of the Harlow hospital proceeded at a snail's pace and the date of its completion remained uncertain. Meanwhile, the pressure on the surrounding hospitals continued to grow with the steady increase in population, so that waiting lists for admission became still longer and at times it was difficult to find beds even for acute and urgent cases.

On the whole, the year under review was uneventful, which in itself is good, because in public health successes are the result of patient and unrelenting work which does not produce dramatic situations and seldom comes to the notice of the public. Only occasional failures in preventing disease, most of them unavoidable, hit the headlines and then people become aware of the existence of a public health service.

Needless to say, little can be done without the co-operation of the authorities and the public, and it is therefore the more distressing to see that in the case of cancer of the lung, a preventable disease, this co-operation is not forthcoming. Elsewhere in this report I have mentioned the widespread panic caused by relatively few cases of smallpox which occurred in different parts of the country and caused 26 deaths. Even in 1871, during the height of the epidemic of smallpox in England and Wales, 23,062 persons died from it compared with 26,383 who succumbed to cancer of the lung in 1962. Yet these avoidable and unnecessary deaths are accepted with complacency, and even the authoritative report on "Smoking and Health" issued by the Royal College of Physicians in March 1962, had little effect except on the medical profession where the number of doctors who have given up smoking is striking.

The increasing incidence of deaths from lung cancer is affecting Harlow in the same way as the rest of the country. In 1956, the first full year for which statistics for the population of the town are available, one in every 5,882 residents died of lung cancer and one death in every 29 was due to it. In 1962, one in 4,000 residents died from this disease, which caused one death in 15. Two other factors are very

significant: more and more young persons, some under 40 years of age, die from cancer of the lung, and women, who have started indulging in heavy cigarette smoking later than men, are paying the ultimate penalty for it in ever increasing numbers.

To control the incidence of lung cancer, which has reached epidemic proportions, it is necessary to mobilize all available resources and to act with courage and determination against vested interests. Health education is the only means available to a Medical Officer of Health in this fight, but he becomes frustrated in his efforts when persons in the public eye, rather than admit that they are slaves to "the weed" and have insufficient will-power to break the addiction, hide their own fears and deceive themselves by making pronouncements which cast doubt on the findings of many authoritative research bodies throughout the world and even openly ridicule them.

Besides "Smoking and Health," the year under review saw the publication of another report of great public health interest. It was issued jointly by the Ministry of Health, the Scottish Office and the Ministry of Housing and Local Government and deals with the results of fluoridation trials carried out in selected areas over a period of five years. The problem of dental caries, which can be largely prevented by adding fluoride to drinking water where this chemical is in insufficient concentration, is of particular importance to Harlow with its large child population, high consumption of refined sugar products and shortage of dentists.

It is to the credit of the Council that they have formally resolved to support fluoridation of the water supply despite opposition to it by a small ill-informed but vociferous minority of people who use fear as their main weapon of campaign.

Throughout the year, all the staff of the Public Health Department performed their duties with dedication and loyalty and I am grateful to them for this. My thanks are also due to other departments of the Council and outside bodies whose help I have received.

Finally, I should like to express my appreciation to the Chairman and Members of the Public Health Committee for their continuing support.

I am,

Your obedient Servant,

I. ASH, M.D., D.P.H.,

Medical Officer of Health.

Netteswell Hall,

Harlow, Essex.

August, 1963.

SECTION A — SERVICES PROVIDED BY HARLOW
URBAN DISTRICT COUNCIL

ADMINISTRATION AND PERSONNEL

The most important administrative change during the year was undoubtedly the creation of the Harlow Health Area and the appointment of the Medical Officer of Health as Area Medical Officer and Divisional School Medical Officer. Under the new set-up matters of environmental and personal health are still under two separate committees but only one officer is now in charge of both services and this allows for better co-ordination and utilization of personnel and resources. The Medical Officer of Health devotes 50% of his time to the County Council and the remainder to Harlow U.D.C., Epping U.D.C., and Epping and Ongar R.D.C. A Deputy Medical Officer of Health was appointed towards the end of the year to commence duties on 1st April, 1963.

Mr. M. R. Ruocco joined the department as additional Public Health Inspector on 1st October, 1962. Mr. S. A. Eade who, as reported previously, was attending a two year course in bacteriology, successfully passed the intermediate examination at the end of the first year.

Mrs. V. Lemon, personal administrative assistant to the Medical Officer of Health, resigned her post and was replaced by Mrs. M. Hargreaves.

Mrs. V. Kerr, clerk/typist, also left the employ of the Council and her place was taken by Miss M. Powell. Miss S. Biggadike was appointed to a new post of clerk/telephonist.

COMMENTS ON VITAL STATISTICS

Population

According to the Registrar General's estimate the population of the town on 30th June, 1962 was 58,180, which is 3,840 more than on the same date a year earlier. As may be seen from comparative figures for the last five years, the percentage of the increase due to inward migration has been steadily declining, except for 1961 when the figures were affected by adjustments resulting from the population census.

	1958	1959	1960	1961	1962
	—	—	—	—	—
Population	40,890	45,250	49,000	54,340	58,180
Numerical increase	5,200	4,360	3,750	5,340	3,840
Percentage of increase due to natural increase	22.3	26.6	31.4	24.4	34.0
Percentage of increase due to migration	77.7	73.4	68.6	75.6	66.0

Births

The birth rate has continued its downward trend. In the year under review it was 26.6 per 1,000 population compared with 32.9 in 1956, the first full year for which statistics are available. The adjusted rate, which for comparative purposes is calculated in such a way that it takes into account the age and sex structure peculiar to this district, was 17.0 per 1,000, i.e. lower than the rate for England and Wales. This corrected (standardized) figure is in a way only fictitious because it shows what would have been the birth rate in Harlow had the structure of the population been the same as throughout the country. Nevertheless, it is the only rate which is statistically comparable with the rate for England and Wales and with the similarly adjusted rates for other districts. Looking at the figures for the past

five years, one sees the decline in both crude and adjusted birth rates for Harlow whilst the rate for England and Wales is steadily going up.

	1958	1959	1960	1961	1962
Crude birth rate	32.7	29.8	27.8	27.6	26.6
Adjusted birth rate	20.9	19.1	17.8	17.6	17.0
Birth rate England and Wales	16.4	16.5	17.1	17.4	18.0

Seven hundred and twenty-five of the 1,565 births in 1962 were domiciliary (46% of all births) and 840 institutional (54% of all births). The percentage of illegitimate births was the same as in the previous year and was very much lower than that in England and Wales as a whole.

The unusually high still birth rate in 1961 was attributed to chance, and this was confirmed in 1962 when the figure dropped from 21.5 per 1,000 live and still births to 12.1, which is considerably lower than the national rate. Of the 19 stillborn infants, 17 were born in hospital and 2 at home. There was only one illegitimate still birth.

Deaths

The increase in the number of births (44) was almost exactly matched by an increase in the number of deaths of which there were 45 more than in 1961. The crude death rate was 4.2 per 1,000 population as against 3.6 the year before. The adjusted rate which, like the adjusted birth rate, takes account of the peculiar structure of the population, is now very close to the rate for England and Wales. The mean age at death was 50.2 years (males 49.2 years, females 51.3 years). The median age was 66 years (males 63 years, females 58.3 years). A graph of the causes of death is given on page 28.

Diseases of the heart were the commonest cause of death, amounting to 25.2% of all deaths (1961: 23.9%). Of the 61 deaths from this cause, 41 were due to coronary disease (28 males, 13 females); this represents 17% of all deaths. The mean age at death from coronary disease was 62.4 years for males and 70.2 years for females.

The second commonest cause of death were malignant tumours (23.1% of all deaths) and of these cancer of the lung increased from 11 cases in 1961 to 15 cases in the year under review. It is particularly significant that one third of the victims were women. The mean age at death from cancer of the lung was 56 years for men and 71.6 years for women. Of the other malignant tumours there was also an increase in cancer of the stomach.

The number of violent deaths was 11, the same as in the previous year. Three were suicides (1 male and 2 females), five motor vehicle accidents (4 males and 1 female), one industrial accident (male) and two home accidents, both affecting elderly people (male of 63 years and female of 83 years).

There was a welcome decline in deaths of infants under one year of age, which numbered 23 compared with 31 the previous year. The causes of death and age distribution are shown on page 30. As usual, most of the infant deaths were in the first week of life and were due to prematurity, congenital malformations and birth injuries. Four of the five infants who died as a result of birth injuries were born in hospital and one at home.

Of the 242 deaths at all ages, 141 occurred in hospitals (58.3% of all deaths); 51 were referred to the Coroner (21 by hospitals, 30 by General Practitioners).

COMMENTS ON COMMUNICABLE DISEASES

Once again, it is gratifying to report that there were no outbreaks of serious infectious diseases. Measles and scarlet fever accounted for 86% of all notifications. These two diseases are nowadays of no public health importance and their notification, still required by law, is incomplete and is only causing quite unnecessary administrative work and payment of fees to General Practitioners, both amounting to considerable waste of public money. It would be much better if more important non-communicable diseases and home accidents were made notifiable so that one could study their epidemiology with a view to finding preventive measures.

The incidence of a relatively small number of cases of smallpox in various parts of the country created unreasonable panic amongst the population. There was a rush on doctors' surgeries for vaccination despite the fact that it was made known through the press and by other means that this was neither necessary nor without risk. Mass vaccination is always to be deprecated as it is done in a hurry and under pressure and it can therefore happen that through oversight some persons are vaccinated for whom this is contra-indicated. Many of the people who clamoured at the doors of surgeries were the same who had previously refused to have their children vaccinated when this was recommended to them as a sensible routine precaution. Several suspected cases of smallpox were under observation in the town but none was confirmed.

Tuberculosis

The number of new cases notified during the year was the same as in 1961 but related to a larger population gave a somewhat lower incidence rate. Two aged men, one of 67 years the other of 74 years, died from pulmonary tuberculosis. Four others on the tuberculosis register died from other causes. Considerably fewer people already known to be suffering from the disease moved into the town in 1962 compared with the year before. On the other hand, more patients left the district than in any previous year.

A teacher in a secondary school was found to be suffering from pulmonary tuberculosis and, as a result of this, arrangements were made for a mobile chest X-ray unit to visit the school. Two hundred and seventy-two children, close contacts of the teacher concerned, were X-rayed and 18 of them were referred for further investigation which by the end of the year was not yet completed.

PROBLEM FAMILIES

The Committee for the Co-ordination of Prevention of Break-up of Families continued to deal with a number of almost intractable problems. Thirteen new cases were considered during the year, in addition to five carried forward from 1961. By the end of the year twelve families were still under supervision, and six cases had been closed, two because they had left the district.

CARE OF OLD PEOPLE

Various voluntary organizations look after the general welfare of old people living in the town.

Five clubs run by voluntary workers continued to provide a place for meeting and recreation.

The Harlow and District Old People's Welfare Association carried on with their work, consisting of visiting lonely old persons and providing help in kind and by means of various services. The need for chiropody, which is so essential for many old people, could not be fully satisfied by the County Council whose only chiropodist

had resigned from full-time employment and was available for only four sessions a week. The Harlow and District Old People's Welfare Association therefore continued to provide domiciliary chiropody to a limited number of house-bound old people.

The Urban District Council made a grant to the Harlow Council of Social Service towards the provision of holidays, and 130 old age pensioners were sent for a week's stay in Margate at a cost of only one pound to each of them.

The Council has warden-assisted, purpose-built bungalows for old people and this enables a number of old age pensioners to continue to live an independent life in their own home.

MEDICAL EXAMINATION OF COUNCIL STAFF

There was a slight decrease in the number of medical examinations in comparison with the previous year. One hundred and twenty-nine persons were medically examined and 103 were found fit without any reservations. Two were found to be fit for admission to the Sick Pay Scheme but not to the Superannuation Scheme and thirteen had defects which did not make them unfit for employment but reservations were made as to the type of work for which they were suitable. Five persons were deferred for further examination and six were found to be unfit for employment.

HEALTH EDUCATION

As in previous years, great emphasis was placed on health education which is considered to be the best if not the only means of promoting health. "Smoking and Health" was the main subject of the year and in this connexion a sixteen sheet poster was displayed in a prominent position in the town centre and a large number of double crown posters were widely distributed throughout the town on kiosks, notice boards, Council vehicles, in libraries etc. A letter was sent to 71 major firms asking if they were prepared to display posters and/or accept a speaker from the medical profession on the health aspects of smoking. Only one firm asked for a speaker and this was arranged, but others requested a total of 158 posters.

All head teachers and youth leaders were given the opportunity to see the available audio-visual health education material and to make their own choice. Many asked for posters, leaflets and films, and a talk followed by discussion was organised in one of the youth clubs.

Education in the prevention of home accidents was also continued and so were the efforts of Public Health Inspectors in teaching food handlers the principles of hygiene.

NEW LEGISLATION

The year 1962 did not see many new acts of Parliament which have any bearing on public health. Those of some importance in general and to this district in particular are as follows:

National Assistance Act, 1948 (Amendment) Act, 1962
Health Visiting and Social Work (Training) Act, 1962
Commonwealth Immigrants Act, 1962

The amendment to the National Assistance Act, 1948, now empowers local authorities themselves to provide recreation and meals for old people. Hitherto this could only be done indirectly by giving a grant to voluntary organisations who carried out these functions.

The Health Visiting and Social Work (Training) Act calls for the establishment

of two special councils, one for the training of health visitors and the other for the training of social workers.

The Commonwealth Immigrants Act requires amongst other things certain categories of Commonwealth immigrants to undergo a medical examination in the same way as certain aliens.

In addition to these acts, the following regulations were issued:

The Oil Heaters Regulation, 1962

The Food Hygiene (General) Regulations, 1962

SANITARY CIRCUMSTANCES AND INSPECTIONS

REPORT OF THE CHIEF PUBLIC HEALTH INSPECTOR

Water Supply

Bacteriological and chemical examinations of the Lee Valley Water Company's supply to the area are carried out regularly both by the Company itself and by the Public Health Department. The results are generally satisfactory, showing the water supply to be pure and wholesome. However, there were again a few complaints from consumers about a rusty deposit in the water. This was due to iron hydroxide and the trouble was of a transitory nature and of minor consequence. The water company is installing a plant for the removal of excessive iron and it is scheduled to come into operation in 1963.

The four wells in the area used for domestic purposes are all privately owned and no complaint was received from their owners during the year.

Swimming Baths

The number of swimming baths in the town is now seven, one more than in the previous year. In addition to the Council's large swimming pool, there are five school pools and a privately owned one. The use of the latter has now been virtually abandoned, and it is therefore impossible to obtain water samples from it. The results of sampling of the other swimming pools were satisfactory in 23 cases and unsatisfactory in three. The bad samples were from school pools and were due to inadequate chlorination, which resulted in a comparatively low degree of bacteriological pollution. The main purpose of sampling is, of course, to detect small errors of this type and thus ensure that no gross pollution is allowed to build up.

Sewerage

The sewerage system of the town expands each year with the development of new residential districts and, as a modern system should, it operates without cause for complaint. During 1962, the Council served a notice on the owners of the Great Parndon Church of England School requiring the sanitary conveniences to be connected to the sewer. This work was completed during the year, the Council paying fifty per cent. of the cost as provided in the Public Health Act, 1936. The change from pail closets to flush toilets in this old rural school was welcomed by the parents of the pupils and the teachers alike. Only some 20 pail closets now remain and each year sees a diminution in the total number as the old agricultural cottages on the fringes of the urban district are modernised or demolished.

Housing

The bulk of the housing in the town is modern and owned by the Harlow Development Corporation. Some complaints of defects were received but most were of a minor character and the necessary repairs were usually carried out within a reasonable period after a request to the Corporation from the Public Health Department. The Public Health Committee has, however, been dissatisfied with the progress of the modernization programme in respect of the older properties owned by the Corporation, and has made representations to them on this matter. The Council have been informed that every endeavour will be made to expedite this modernization.

Following the circular from the Minister of Housing and Local Government requesting Local Authorities to impress on owners and occupiers the advantages of improvement grants, the Public Health Committee agreed to the institution of a house to house survey in certain parts of Old Harlow which contain the largest

number of houses requiring improvement. The result of the first stage of this survey showed that in a surprisingly large proportion of cases the possibility of carrying out improvement work and obtaining a substantial grant towards the cost of it does not appeal to the owners and occupiers. Many aged tenants do not wish to pay the extra rent which would be involved; others cannot face the prospect of the inevitable disturbance caused by building work; some elderly owners do not wish to lay out capital which they may never live to recover. At the moment, the Local Authority's powers to achieve improvement of old properties are limited to persuasion. The indications are, however, that in the not too distant future some additional powers will be given to them by Parliament to compel improvement in suitable cases. Even if compulsion becomes possible, the wishes of elderly tenants will have to receive sympathetic consideration.

Food

The efforts to maintain and improve the standard of food hygiene in the Harlow Urban District have continued. The work of the Public Health Inspector in this field has two functions:

- (1) to educate the food handlers in hygiene
- (2) to enforce the statutory regulations which apply to all food traders.

If he is successful in the former, legal action is not required to achieve the latter. It says much for the tolerance of the food traders in the town that they invariably accept necessary criticism or even legal sanctions with good grace. Generally speaking, the standard of food hygiene in the town is good. The faults usually found in the shops are those encountered throughout the country and of these the commonest is excessive handling of perishable foods in the process of display and sale. Most shops have tongs or similar equipment with which to minimise this handling. Sad to say, they often remain under the counter until the Public Health Inspector calls, when they are ostentatiously taken out and used with a flourish. Food handlers who do this cannot see that food hygiene is for the benefit of the public and not the Public Health Inspector.

A defect of the Food Hygiene Regulations is that perishable foods are allowed to be displayed for sale without refrigeration. In consequence, it is still possible to see such food kept at room temperature during the day, then returned to the refrigerator at night only to be further displayed the following day on the counter—again at room temperature. Food stored in this manner deteriorates rapidly. Fortunately each year sees an increase in the use of refrigerated counters where low temperatures inhibit the multiplication of dangerous bacteria. It is to be hoped that the Government will soon make the necessary amendment to the Food Hygiene Regulations requiring all perishable foods to be kept under constant refrigeration during display for sale.

The sampling of perishable foods for bacteriological examination at the point of retail sale continued during 1962. The worst results obtained were those from cooked meats which were displayed at atmospheric temperatures as described above. Unsatisfactory reports on such samples have been used to persuade several retailers in the area to provide refrigerated counters, and subsequent enquiries at the particular premises have shown that their trade in cooked meats has improved greatly. In the long run, good food hygiene is good business. At least one well-known provision merchant recognised this many years ago and has acquired a well deserved dominant position in the grocery trade.

Seventy-one complaints were received from the public during the year and 20 cases involving breaches of the Food and Drugs Act and the Food Hygiene Regulations were heard at Harlow Court. Failure to rotate stocks or properly refrigerate them are still the commonest factors behind the sale of decomposing and

mouldy foods which lead to some of the prosecutions. The cases also included one against a café proprietor who allowed his premises to fall into a dirty state despite a previous warning. Flagrant breaches of the Food Hygiene Regulations such as this are rare but merit the usually severe financial penalties which the owner subsequently has to meet.

ICE CREAM

Reference was made in last year's report to the increasing tendency among itinerant retailers to change over from hard pre-packed to soft ice-cream. At that time it was reported that soft ice-cream was satisfactory provided the machine was properly cleansed and that the ice-cream salesman himself was careful about his personal hygiene. Experience has shown that these two prerequisites to pure ice-cream do not always obtain, and the result has been an increase in the number of unsatisfactory samples. As usual, a few persons with low standards have nullified the efforts of many conscientious salesmen, and it is now apparent that the change-over from pre-packed to loose ice-cream was a retrograde step from the public health point of view. If the public demand for soft ice-cream continues, some much stronger legislation is required to control the vehicles on which this ice-cream is made and the salesmen who drive them.

MILK AND DAIRIES

The milk supplied to the district calls for little comment; bacteriologically it is safe, having been subjected to pasteurization, and from the quality point of view it complies with the regulations which specify a minimum fat and solids-not-fat content. The dairy industry is a branch of the food trade which has a very high standard of technical control and every large dairy (they are all large in this area, the small ones having integrated or been bought up) has its own laboratory which carries out hourly and daily checks on its products. Sampling of milk by the Public Health Department is still carried on but is almost pointless. The dairy industry no longer presents a public health hazard as far as milk itself is concerned. The occasional dirty bottle and the foreign body found in it remains however, an intractable though minor problem.

Atmospheric Pollution

During the year the Council made two more Smoke Control Orders which will affect Little Parndon, Hare Street, Great Parndon, Stewards, Kingsmoor and Passmore. These Orders have been sent to the Ministry for confirmation and, if confirmed, are due to come into operation in November, 1963.

Smoke Control Order No. 1. has now been in existence for two years. During this last winter, several occupiers of houses in the area were found to be burning bituminous coal and the Public Health Committee decided in these instances to issue a warning to the offenders but made it clear that legal proceedings would be taken in any future infringements.

The number of smoke nuisances from the burning of building and trade refuse in the open has declined compared with previous years.

Rodent and Pest Control

The pest control activities of the Department continued. As there seems to be some confusion on the part of the public regarding the nature and extent of these services, the following information may be of use.

Rats and Mice

There is a legal duty to inform the Public Health Department of all cases where there is rat or mice infestation. Although the occupier of infested premises is responsible for the destruction of this vermin, the Local Authority will do it free of charge in the case of dwellings.

The Council will also undertake pest eradication in commercial or business premises but is required by law to charge the cost of such work to the occupiers of these premises who, for this purpose, may enter into a contract with the Public Health Department.

Wasps

The Council operates a service for the destruction of wasps' nests. At the present time no charge is made for it.

Bugs and Fleas

Legal powers are available to the Local Authority to compel the cleansing of infested premises at the occupier's or owner's expense.

The Public Health Department will carry out disinfestation on payment of ten shillings per room.

Earwigs

All residential areas surrounded by open green spaces are subject to annual invasion of earwigs and Harlow is no exception. These insects do not represent a health hazard and there are no powers allowing a Local Authority to spend public money on trying to control them. However, the Public Health Department gives the public advice on request and also sells insecticidal lacquer which is effective against earwigs.

Cockroaches and Black Beetles

Supplies of a suitable insecticidal powder can be obtained from the Public Health Department on payment. In the case of cockroaches the Department can undertake disinfestation, charging a fee based on time and materials used.

Clover Mite, Carpet Beetles, Woodworm, Caterpillars, Moths, Butterflies, Ants, Spiders, Aphids and Grass Snakes

The public often ask for help in dealing with these pests. Advice is always given and, if necessary, a visit is paid to any infested premises to identify the species involved. No eradication service is provided, however, as no legal powers exist which enable the Local Authority to do so.

SECTION B — SERVICES PROVIDED BY THE
COUNTY COUNCIL OF ESSEX

I — SERVICES UNDER PART III OF THE NATIONAL HEALTH SERVICE ACT, 1946

On 1st September, 1962, the new Harlow Health Area was established, and most of the services under Part III of the National Health Service Act for which the County Council of Essex is responsible and which were previously administered by the Forest Health Area were delegated to the Harlow Health Area Sub-Committee. This Committee had the following membership on 31st December, 1962:

Representing Harlow Urban District Council (12)	Councillor R. J. Ward (Chairman) Councillor A. F. Smithers (Vice-Chairman) Councillor Mrs. S. Anderson Councillor A. E. Brown, J.P. Councillor R. Gordon Councillor J. S. Hide Councillor C. Jackson Councillor R. E. Rayner (4 vacancies)
Representing Essex County Council (7)	Alderman K. E. B. Glenny, O.B.E., J.P.* Councillor Mrs. S. M. Bovill * Councillor Mrs. V. L. Walton Councillor M. A. Wortley (3 vacancies)
Representing Epping Group Hospital Management Committee (1) ...	Mrs. U. K. Nimmo, J.P.
Representing National Health Service Executive Council for Essex (1) ...	Mrs. A. M. M. Burrell
Representing Local Medical Committee for Essex (1)	Dr. J. C. Busby
Representing Local Voluntary Organisations (1)	Dr. H. E. Bach

* Ex officio member

A brief reference to some of the work carried out under Part III of the National Health Service Act is set out in the paragraphs below.

Care of Mothers and Young Children (Section 22)

General Practitioners are employed by the County Council on a sessional basis to examine children attending the child welfare clinics. During the year 24,696 children were thus examined. Welfare foods, nutrients and special medicaments are distributed through the clinics. Child minders and premises where children are received for the major part of the day are supervised in order to safeguard the health of the children.

Ante-natal clinics are held by the patients' own doctor who is assisted by a midwife. In addition, midwives hold their own clinics where they meet and examine patients residing in their districts. These meetings are of great value to the expectant mother and help her to make friendly contact with the staff who are to assist her at the time of confinement.

Midwifery (Section 23)

There are eleven midwives employed in the area. This number is adequate at the present time but additional staff will be required to meet the expected increase in the number of home confinements.

During the year under review midwives assisted 736 domiciliary confinements. Because of the shortage of maternity beds, an ever-increasing number of mothers who have their baby in hospital are discharged before the tenth day following confinement and in these cases the domiciliary midwife acts as maternity nurse and takes over the supervision of mother and child at home. There were 178 such early discharges during 1962.

Health Visiting (Section 24)

The establishment of health visitors was 14 (including one whole-time tuberculosis visitor). Difficulty was again experienced in filling the posts and although two newly qualified health visitors joined the staff in 1962, there were still two vacancies at the end of the year.

By arrangement with the Hospital Management Committee, one health visitor attends each week on a rota basis the Paediatrician's out-patient clinic at Harlow Hospital and this forms a valuable link between the hospital and the Local Authority staff.

Home Nursing (Section 25)

Six district nurses (three whole-time and three part-time) are employed in the area. They work closely with the General Practitioners and, apart from regular morning sessions at the clinics, visit patients in their own homes to apply dressings, give injections, blanket baths etc. In the course of the year, these nurses made 9,173 home visits.

Vaccination and Immunization (Section 26)

In Harlow, more than 90% of the vaccinations and immunizations are carried out by the General Practitioners in their own surgeries. It is, however, the responsibility of the Local Health Authority to encourage the public, especially mothers of young children, to avail themselves of the protection offered and every opportunity is taken to bring these facilities to their notice. Due to the smallpox scare earlier in the year, the number of primary vaccinations against this disease rose from 1,249 in 1961 to 6,362 in 1962 and re-vaccinations from 177 to 6,542. Details of all vaccination and immunization are given in Section C.

Prevention of illness, care and after-care (Section 28)

Under the provisions of this section, patients attending the Chest Clinic may, on the recommendation of the Chest Physician, be given additional nourishment in the form of milk, and in Harlow 49 patients were each receiving one pint of it every day.

Wheel chairs, commodes, crutches, walking frames and other sickroom equipment are available for loan to patients.

Recuperative holidays, for one or two weeks, can be arranged on the recommendation of a general practitioner or hospital doctor.

Domestic Help Service (Section 29)

During the last quarter of the year, 39 home helps were employed in a part-time capacity and during this period gave a total of 10,080 hours assistance. Domestic help was given in the following cases:

	Hours
Maternity	1703
Acute sickness	913
Chronic sickness — aged 4483, others 1020	5503
Tuberculosis	627
Old age (not sick)	68
Others	1266
Total:	10080

On occasions, especially during holiday periods, when it is difficult to recruit home helps, it is often necessary to reduce the hours of assistance and relatives are asked to help out as far as possible.

II — SCHOOL HEALTH SERVICE — EDUCATION ACT, 1944

The Harlow Divisional Sub-Committee for Education is responsible for the administration of the School Health Service the main functions of which are:—

- (a) to arrange for the medical and dental inspection of all pupils attending maintained schools.
- (b) to make arrangements for the securing of free medical treatment either at clinics provided by the Local Authority or at other appropriate clinics, e.g. at hospitals, and to encourage and assist pupils to take advantage of the facilities offered.

School Medical Inspections

Arrangements for the medical inspection of pupils at schools in Harlow differ from those for children attending schools in many other parts of Essex. Briefly summarised, the programme of inspections in Harlow is as follows:—

- 5 — 6 year age group — full routine inspection.
- 7 — 11 year age group — “selective” examination of pupils specially referred by parents, head teachers, school nurses or other officers of the Authority for investigation of a specific problem.
- 14 — 15 year age group — full routine examination.

In other areas it is the practice to carry out a full routine inspection of pupils in the 10-12 age group but experience has shown that in Harlow the health of children is generally of a very high standard, and the Minister of Education has agreed to a proposal to dispense with the second routine inspection and substitute a scheme of “selective” examinations. The advantage of this is obvious; the Medical Officer is able to devote more time to the examination of pupils who are in need of attention instead of spending hours examining children who are quite fit and well.

Dental Service

For several years Harlow has been without a school dental service. In October it was possible to appoint a whole-time Dental Officer to work at Addison House Clinic in Fourth Avenue. He immediately commenced routine dental inspections of pupils at schools and by the end of the year had covered one secondary, two junior and two infant schools. Further dental clinics in other parts of the town will be established in due course.

Child Guidance Service

This service continues to expand. Unfortunately, shortage of staff has interfered with the programme of treatment and, in consequence, the waiting lists have become longer. In October, the Psychiatric Social Worker resigned to take up an appointment elsewhere and by the end of the year he had not been replaced. There was already a vacancy for a second Psychiatric Social Worker, a newly created post, which had not been previously filled.

Cleanliness Surveys

Over the years there has been a steady improvement in cleanliness and the tendency has been to reduce the number of routine inspections at schools. Unfortunately, during the latter part of the year under review reports were received from different schools of pupils with some head infestation. Immediate steps were taken to reintroduce inspections and the school nurses examined 9,182 pupils, 14 of whom were found to require treatment; none was badly infested. Regular inspections will continue for the time being.

Defective Hearing

In the course of the year, a transistor type audiometer was acquired. One of the school nurses received a short course of training in its use at the Walthamstow William Morris School for the Deaf and, during the autumn term, children in the following categories were tested;

- (a) where a loss of hearing was suspected
- (b) before referral for speech therapy
- (c) in cases of reported backwardness and particularly where the need for special educational treatment was considered.

The results of the tests are reported to one of the School Medical Officers who then decides whether to refer the child to hospital for further investigation by the Ear, Nose and Throat Consultant. Since the 1st September 1962, 23 children have been tested. It was expected to widen the scope of the tests in the future.

Enuresis

A few years ago a special clinic was set up in Chadwick House, Fourth Avenue, Harlow, to deal with bed-wetting in school children. Most of the patients are referred by General Practitioners and by School Medical Officers, following inspections at schools. During the year 24 sessions were held at the clinic and 86 individual pupils received treatment.

Speech Therapy

It is very difficult to recruit and retain Speech Therapists. Two new appointments were made during the summer of 1962 but at the end of the year both therapists had notified their intention to resign early in the new year. Sessions were held regularly at the following centres:—

Chadwick House, Fourth Avenue

Keats House, Bush Fair

Osler House, Potter Street

Sydenham House, Long Ley

The Mead School

At the end of the year, 84 children were receiving treatment and 19 were on the waiting list.

Prevention of Tuberculosis

(a) B.C.G. Vaccination

For the past nine years, the parents of all pupils of the age of 13 years and over have been invited to give their consent to their children's vaccination with B.C.G. (Bacillus Calmette Guerin) and this year 864 (77.7%) of those to whom this protection was offered gave their approval. The acceptance rate is the highest since the scheme was introduced, but unfortunately the months chosen to undertake B.C.G. vaccination in the schools coincided with the smallpox scare, and many parents preferred their children to be vaccinated against smallpox rather than tuberculosis (the two vaccinations cannot be done within three weeks of each other). In consequence, the number of pupils vaccinated with B.C.G. amounted to only 694 (63.1% of those to whom it was offered). Many of the pupils who missed the B.C.G. vaccination are still at school and will be vaccinated at a later date.

(b) Tuberculosis case finding among school entrants

The purpose of this scheme is to trace tubercular infection in the school entrant and, through him, to find the adult person who, unknown to himself, is suffering from tuberculosis with which he has infected the child. The scheme is simple to operate; it takes very little time and the cost is negligible. The parents of each infant entrant are invited to give consent to their child having a skin test when he comes to the first routine medical inspection at school. Details of those who give a positive reaction are passed to the Chest Physician who arranges for an examination of the child, the family and other close contacts. During the year under review, the test was offered to 1,661 pupils. 1,305 (78.5%) parents gave their consent and 1,210 children were tested. Of these, 0.7% gave a positive reaction but from the reports received so far nothing significant was discovered.

Orthopaedic Clinics (including Physiotherapy)

The North East Metropolitan Regional Hospital Board is responsible for this service, but, by arrangement between that authority and the Essex County Council, the Board provides the staff to work in the clinics at Harlow. All the patients are children referred through the School Health Service.

Sessions are held at two centres in the town, viz. at Chadwick House, Fourth Avenue (five sessions per week) and at Keats House, Bush Fair (two sessions per week).

Treatment is given by qualified Physiotherapists under the direction of an Orthopaedic Consultant, who visits Chadwick House Clinic once a month to observe the progress made by the patients.

SECTION C — STATISTICS

(Figures in parenthesis refer to 1961)

GENERAL DATA

Area (in acres)	6,313	(6,313)
Number of houses (mid-year)	16,900	(15,782)
Number of houses per acre (average)	2.6	(2.5)
Number of persons per acre (average)	9.2	(8.6)
Number of persons per house (average)	3.4	(3.4)
Ratable value (mid-year)	£937,473	(£878,668)
Product of a penny rate (financial year 1962/63)	£3,926	(£3,760)
The rate in the £ (financial year 1962/63)	26/6d.	(24/2d.)

POPULATION

Resident population (Registrar General's mid-year estimate)	58,180	(54,340)
Increase over the previous year	3,840	(5,340)
Proportion of increase due to excess of births over deaths	1,304	(1,305)
Balance due to inward migration	2,536	(4,035)

BIRTHS

(a) LIVE BIRTHS

					<i>Males</i>		<i>Females</i>	
Legitimate					787	(758)	715	(702)
Illegitimate					23	(18)	21	(24)
Total					810	(776)	736	(726)
Crude rate per 1,000 population					26.6		(27.6)	
Adjusted rate per 1,000 population					17.0		(17.6)	
Rate for England and Wales per 1,000 population					18.0		(17.4)	

(b) ILLEGITIMATE BIRTHS PER CENT

Percentage of total live births	2.8	(2.8)
Percentage of total live births in England and Wales	6.6	(5.9)

(c) STILL BIRTHS

Legitimate	...	...	...	...	...	10	(17)	8	(16)
Illegitimate	...	...	...	...	...	—	(—)	1	(—)
						<hr/>	<hr/>	<hr/>	<hr/>
Total	...	...	...	...	...	10	(17)	9	(16)
						<hr/>	<hr/>	<hr/>	<hr/>
Rate per 1,000 live and still births						...	12.1	(21.5)	
Rate per 1,000 live and still births									
England and Wales						...	18.1	(19.1)	

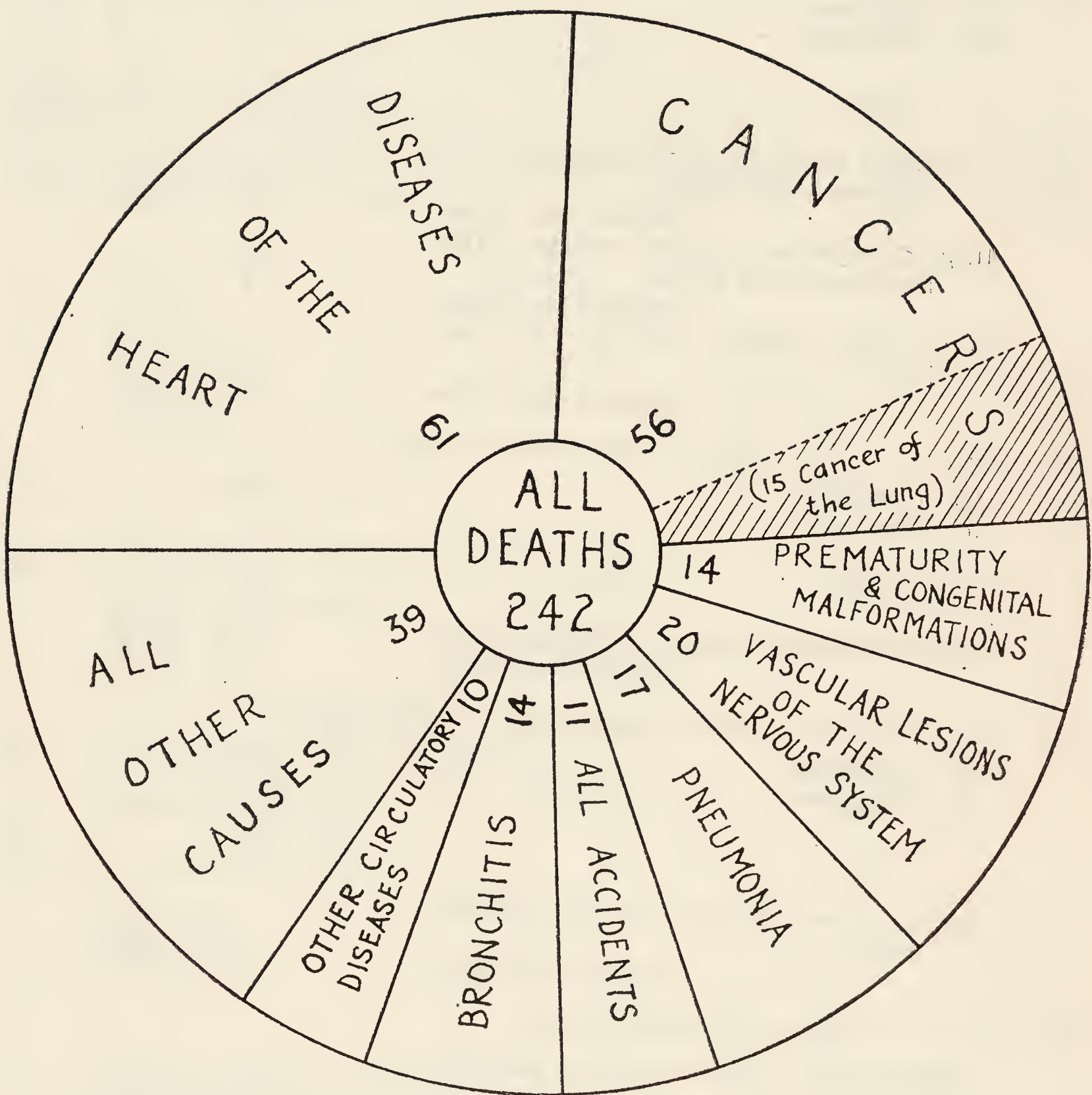
(d) TOTAL BIRTHS (live and still)

Legitimate	...	...	...	...	...	797	(775)	723	(718)
Illegitimate	...	...	...	...	...	23	(18)	22	(24)
						<hr/>	<hr/>	<hr/>	<hr/>
Total	...	...	...	...	...	820	(793)	745	(742)

DEATHS

						<i>Males</i>		<i>Females</i>	
(a)	ALL AGES	...	...	...	...	126	(113)	116	(84)
	Crude rate	per 1,000	population			4.2	(3.6)		
	Adjusted rate	per 1,000	population			11.5	(9.8)		
	Rate for England and Wales	per 1,000	population			11.9	(12.0)		
(b)	INFANTS UNDER 1 YEAR OF AGE								
(i)	Legitimate	...	...	...	...	12	(21)	10	(10)
(ii)	Illegitimate	...	...	...	...	—	(—)	1	(—)
	Total	...	...	...	...	12	(21)	11	(10)
	Legitimate infant mortality rate per 1,000								
	legitimate live births	...	...	...		14.6	(21.2)		
	„ „ „ „ England and Wales					*	(21.0)		
	Illegitimate infant mortality rate per 1,000								
	illegitimate live births	...	...	...		22.7	(—)		
	„ „ „ „ England and Wales					*	(25.0)		
	Total infant mortality rate per 1,000 live								
	births	...	...	...	...	14.9	(20.6)		
	„ „ „ „ England and Wales					21.6	(21.6)		
(c)	NEONATAL DEATHS (infants under 4 weeks of age)								
(i)	Legitimate	...	...	...	...	11	(14)	5	(9)
(ii)	Illegitimate	...	...	...	...	—	(—)	1	(—)
	Total	...	...	...	...	11	(14)	6	(9)
	Neonatal mortality rate per 1,000 live births					11.0	(15.3)		
	„ „ „ „ England and Wales					15.1	(15.5)		
(d)	EARLY NEONATAL DEATHS (infants under 1 week of age)								
(i)	Legitimate	...	...	...	...	10	(14)	2	(9)
(ii)	Illegitimate	...	...	...	...	—	(—)	1	(—)
	Total	...	...	...	...	10	(14)	3	(9)
	Early neonatal mortality rate per 1,000 live								
	births	...	...	...	...	8.4	(15.3)		
	„ „ „ „ England and Wales					12.9	(13.4)		
(e)	PERINATAL MORTALITY (still births and								
	deaths under 1 week combined, per 1,000								
	live and still births	...	...	...	...	20.5	(36.5)		
	„ „ „ „ England and Wales					30.8	(32.2)		
(f)	MATERNAL MORTALITY								
	Maternal deaths (including abortion)	...				—	(1)		
	Maternal mortality rate per 1,000 live and								
	still births	...	...	...	...	—	(0.6)		
	„ „ „ „ England and Wales					0.3	(0.3)		

* Figures not available



Causes of Death

	<i>Males</i>	<i>Females</i>	<i>Total</i>
1. Tuberculosis, respiratory	2 (—)	— (—)	2 (—)
2. Tuberculosis, other	— (—)	— (—)	— (—)
3. Syphilitic disease	— (—)	— (—)	— (—)
4. Diphtheria	— (—)	— (—)	— (—)
5. Whooping cough	— (—)	— (—)	— (—)
6. Meningococcal infections	— (1)	— (—)	— (—)
7. Acute poliomyelitis	— (—)	— (—)	— (—)
8. Measles	— (1)	— (—)	— (1)
9. Other infective and parasitic diseases	1 (—)	1 (—)	2 (—)
10. Malignant neoplasm, stomach ...	4 (2)	3 (1)	7 (3)
11. Malignant neoplasm, lung, bronchus	10 (9)	5 (2)	15 (11)
12. Malignant neoplasm, breast	— (—)	7 (7)	7 (7)
13. Malignant neoplasm, uterus	— (—)	1 (—)	1 (—)
14. Other malignant and lymphatic neoplasms	12 (8)	14 (14)	26 (22)
15. Leukaemia, aleukaemia	2 (2)	— (—)	2 (2)
16. Diabetes	1 (1)	— (1)	1 (2)
17. Vascular lesions of nervous system ...	7 (6)	13 (9)	20 (15)
18. Coronary disease, angina	28 (22)	13 (9)	41 (31)
19. Hypertension with heart disease ...	— (—)	5 (2)	5 (2)
20. Other heart disease	3 (10)	12 (4)	15 (14)
21. Other circulatory disease	3 (3)	7 (2)	10 (5)
22. Influenza	— (1)	1 (1)	1 (2)
23. Pneumonia	13 (5)	4 (8)	17 (13)
24. Bronchitis	9 (7)	5 (2)	14 (9)
25. Other diseases of respiratory system ...	— (1)	2 (—)	2 (1)
26. Ulcer of stomach and duodenum ...	1 (—)	1 (—)	2 (—)
27. Gastritis, enteritis and diarrhoea ...	1 (—)	1 (—)	2 (—)
28. Nephritis and nephrosis	1 (1)	— (1)	1 (2)
29. Hyperplasia of prostate	— (1)	— (—)	— (1)
30. Pregnancy, childbirth and abortion ...	— (—)	— (1)	— (1)
31. Congenital malformations	3 (4)	5 (5)	8 (9)
32. Other defined and ill-defined diseases	18 (19)	12 (13)	30 (32)
33. Motor vehicle accidents	4 (4)	1 (1)	5 (5)
34. All other accidents	2 (5)	1 (1)	3 (6)
35. Suicides	1 (—)	2 (—)	3 (—)
36. Homicides and operations of war ...	— (—)	— (—)	— (—)
 Total	 126 (113)	 116 (84)	 242(197)

<i>Cause of Death</i>	<i>Under 1 day</i>	<i>1 — 7 days</i>	<i>Total under one week</i>	<i>1 — 2 weeks</i>	<i>2 — 3 weeks</i>	<i>3 — 4 weeks</i>	<i>Total under one month</i>	<i>1 — 3 months</i>	<i>3 — 6 months</i>	<i>6 — 9 months</i>	<i>9 — 12 months</i>	<i>Total under one year</i>
Prematurity ...	4 (8)	1 (3)	5 (11)	1 (—)	(—) — (—)	(—) — (—)	6 (11)	(—) (1) — (—)	(—) (—) — (—)	(—) (—) — (—)	(—) (—)	6 (12)
Congenital malformations ...	1 (1)	3 (3)	4 (4)	(—) (—)	1 (—)	(—) — (—)	5 (4)	1 (1)	(2) — (—)	(—) — (—)	(—) — (—)	6 (7)
Birth injury ...	2 (2)	2 (3)	4 (5)	1 (—)	(—) — (—)	(—) — (—)	5 (5)	(—) (—)	(—) — (—)	(—) — (—)	(—) — (—)	5 (5)
Haemolytic disease ...	(—) (2)	(—) — (—)	(—) (2)	(—) (—)	(—) — (—)	(—) — (—)	(—) (2)	(—) (—)	(1) — (—)	(—) — (—)	(—) — (—)	(—) (3)
Broncho-pneumonia ...	(—) (—)	(—) — (—)	(—) (—)	1 (—)	(—) — (—)	(—) — (—)	1 (—)	3 (1)	(1) — (1)	1 (—)	(—) — (—)	5 (2)
Meningitis ...	(—) (—)	(—) — (1)	(—) (1)	(—) (—)	(—) — (—)	(—) — (—)	(—) (1)	1 (—)	(—) — (—)	(—) — (—)	(—) — (1)	1 (2)
Total ...	7 (13)	6 (10)	13 (23)	3 (—)	1 (—)	(—) — (—)	17 (23)	5 (3)	(4) — (4)	1 (—)	(—) — (1)	23 (31)

COMMUNICABLE DISEASES (EXCEPT TUBERCULOSIS)

Notifications according to age groups

	Age												Total	Incidence rate per 10,000 population England & Wales
	0—	1—	2—	3—	4—	5—	10—	15—	25—	45—	65—	unknown		
Scarlet fever ...	—	5	6	12	16	70	36	8	7	—	—	160	27.5	3.2
Whooping cough	2	2	1	2	—	3	—	—	—	—	—	10	1.7	1.7
Poliomyelitis														
paralytic ...	—	—	—	—	—	—	—	—	—	—	—	—	—	.04
non-paralytic	—	—	—	—	—	—	—	—	—	—	—	—	—	.01
Measles ...	13	31	33	44	32	115	2	4	1	—	—	275	47.2	39.5
Dysentery ...	1	4	2	3	1	7	—	1	4	1	—	24	4.1	6.6
Diphtheria ...	—	—	—	—	—	—	—	—	—	—	—	—	—	.003
Meningococcal infection	1	—	1	—	—	—	—	—	—	—	—	2	.3	.1
Acute pneumonia	—	—	—	2	—	1	1	—	8	4	—	18	3.1	2.6
Typhoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	.02
Paratyphoid fever	—	—	—	—	—	—	—	—	—	—	—	—	—	.02
Erysipelas ...	—	—	—	1	—	—	—	—	3	—	—	4	.6	.3
Food poisoning	—	—	—	1	—	1	1	1	—	—	—	4	.6	1.1
Infective hepatitis	—	—	—	—	—	1	2	1	1	—	—	5	.8	*
Puerperal pyrexia	—	—	—	—	—	—	—	1	3	—	—	4	.6	*
Acute encephalitis														
infective ...	—	—	—	—	—	—	—	—	—	—	—	—	—	.02
post-infectious	—	—	—	—	—	—	—	—	—	—	—	—	—	.02

* Figures not available

COMMUNICABLE DISEASES — TUBERCULOSIS

	<i>Pulmonary</i>		<i>Non-Pulmonary</i>		<i>Total</i>
	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>	
Number of cases on the register at 1.1.62: ...	232 (201)	229 (193)	18 (14)	17 (20)	496 (428)
Number of cases added to the register during 1962:					
New cases ...	20 (18)	7 (10)	1 (2)	3 (1)	31 (31)
Inward transfers ...	20 (27)	24 (33)	— (2)	2 (—)	46 (62)
Number of cases removed from the register during 1962:					
Deaths ...	5 (2)	1 (—)	— (—)	— (—)	6* (2)
Outward transfers ...	19 (11)	18 (6)	4 (—)	1 (4)	42 (21)
Patients cured ...	4 (1)	4 (1)	— (—)	— (—)	8 (2)
Number of cases remaining on register at 31.12.62	244 (232)	237 (229)	15 (18)	21 (17)	517 (496)

* 4 not from tuberculosis

Incidence rate of new cases (all forms) per 1,000 population	...	...	0.5
" " " " " " " " England and Wales	...	...	0.4

INCIDENCE RATE ACCORDING TO AGE

	<i>Pulmonary</i>		<i>Non-Pulmonary</i>	
	<i>Males</i>	<i>Females</i>	<i>Males</i>	<i>Females</i>
Under 5 years ...	1 (—)	— (—)	— (—)	1 (—)
5 — 14 years ...	1 (2)	— (1)	— (—)	— (—)
15 — 24 years ...	3 (1)	— (3)	1 (1)	2 (—)
25 — 44 years ...	9 (12)	6 (5)	— (—)	— (—)
45 — 64 years ...	5 (2)	— (1)	— (—)	— (1)
65 and over ...	1 (1)	1 (—)	— (—)	— (—)

SANITARY CIRCUMSTANCES AND INSPECTIONS

Water

	<i>Gallons</i>			
Water supplied unmeasured (domestic)	654,000,000
Water supplied by meter (trade)	332,000,000
Total consumption for year	986,000,000
Average consumption per day (domestic)	1,790,000
Average consumption per day (trade)	910,000
Average consumption per day (all purposes)	2,700,000
Consumption per head per day (domestic)	30.2
Consumption per head per day (trade)	15.5
Consumption per head per day (all purposes)	45.7

(The above figures were supplied by the Lee Valley Water Company)

The following samples of water were taken for examination and all proved to be satisfactory:

	<i>Bacteriological</i>		<i>Chemical</i>
By Public Health Department	6	—
By Lee Valley Water Company...	...	41	10

Sewerage

Cesspools emptied during the year	...	...	...	...	...	...	39*
Pail closets emptied weekly	...	...	...	...	...	...	14
Direct connexions to sewer (conversion of pail closets)	...	...	...	...	...	...	15
Connexions to sewer from cesspools	...	...	...	...	...	...	Nil

* This necessitated 40 emptying operations

(The above figures were supplied by the Engineer and Surveyor)

Housing

GENERAL

Number of houses as at 31.12.62	...	...	...	...	...	...	17,235
Houses owned: by Local Authority	...	...	...	...	...	...	1,054
by Harlow Development Corporation	...	...	...	...	...	...	14,541
privately	...	...	...	...	...	...	1,640
Houses erected in 1962: by Local Authority	...	...	...	...	...	...	Nil
by Harlow Development Corporation	...	...	...	...	...	...	762
by private enterprise	...	...	...	...	...	...	81
Housing inspections carried out	...	...	...	...	...	...	339
Intimation notices served	...	...	...	...	...	...	7
Statutory notices served	...	...	...	...	...	...	3
Statutory notices complied with	...	...	...	...	...	...	7
Complaints of housing defects	...	...	...	...	...	...	17
Housing defects remedied	...	...	...	...	...	...	21
Legal proceedings	...	...	...	...	...	...	Nil

HOUSING ACT, 1957

Houses demolished	...	...	...	...	...	...	1
Undertakings not to let	...	...	...	...	...	...	3
Closing orders	...	...	...	...	...	...	Nil
Houses in confirmed Clearance Areas awaiting demolition	...	...	...	...	...	...	Nil
Houses in Clearance Area not yet confirmed	...	...	...	...	...	...	Nil
Demolition Orders made under Section 17	...	...	...	...	...	...	2
Closing Orders revoked	...	...	...	...	...	...	Nil

HOUSING (Financial Provisions) ACT, 1958 — IMPROVEMENT GRANTS

Number of applications considered by Local Authority	...	...	...	...	...	...	15
(4 Standard Grant, 11 Discretionary Grant)							
Number of applications approved	...	...	...	...	...	...	14
Number of applications refused	...	...	...	...	...	...	1
Number of applications withdrawn	...	...	...	...	...	...	4
Number of dwellings where work has been completed	...	...	...	...	...	...	9

RENT ACT, 1957

Number of applications for Certificate of Disrepair	...	...	...	...	...	...	Nil
Number of certificates issued	...	...	...	...	...	...	Nil

Food

TYPE AND NUMBER OF FOOD SHOPS AND OTHER FOOD PREMISES IN THE DISTRICT

Grocers	...	...	...	...	...	...	...	...	38
Bakers	...	...	...	...	...	...	...	...	9
Butchers	...	...	...	...	...	...	...	...	19
Fishmongers (including 5 fish fryers)	...	...	...	...	...	...	...	...	12
Greengrocers	...	...	...	...	...	...	...	...	21
Sweets and confectionery	...	...	...	...	...	...	...	...	22
General food stores	...	...	...	...	...	...	...	...	7
Cafés and restaurants	...	...	...	...	...	...	...	...	16
Public houses	...	...	...	...	...	...	...	...	22
Off-licences	...	...	...	...	...	...	...	...	6
Halls and community centres	...	...	...	...	...	...	...	...	20
Factory canteens	...	...	...	...	...	...	...	...	26
School canteens	...	...	...	...	...	...	...	...	32
Building site canteens	...	...	...	...	...	...	...	...	7
Food storage depots	...	...	...	...	...	...	...	...	3
Milk depots	...	...	...	...	...	...	...	...	3
Food factories	...	...	...	...	...	...	...	...	3
Bakehouses	...	...	...	...	...	...	...	...	2
Market stalls	...	...	...	...	...	...	...	...	17
Total									285

PREMISES REGISTERED UNDER SECTION 16 OF THE FOOD AND DRUGS ACT, 1955, AND NUMBER OF INSPECTIONS CARRIED OUT

	<i>Number of Premises registered</i>	<i>Number of inspections</i>
Storage and sale of ice-cream	69	207
Preparation or manufacture of sausages or potted, pressed, pickled or preserved food	26	78

SAMPLING OF ICE-CREAM AND ICE-LOLLY

					<i>Result Ministry of Health's Provisional Grades for Ice-cream</i>
Ice-cream	...	...	...	62 samples	Grade I = 50 samples Grade II = 9 samples Grade III = 3 samples Grade IV = Nil
Ice-lolly	...	...	...	3 samples	All 3 samples of ice-lolly were satisfactory

MILK SUPPLY

Number of dairies registered	...	...	...	...	...	...	...	...	5
Number of inspections carried out	...	...	...	...	...	...	...	...	12
Licences issued by the County Council under the Milk (Special Designation)									
Regulations, 1960:									
Pasteurized	...	...	...	...	...	...	...	...	24
Sterilized	...	...	...	...	...	...	...	...	24
Tuberculin tested	...	...	...	...	...	...	...	...	8
Number of premises from which milk was sold	...	...	...	...	...	...	...	...	28
Number of samples of milk taken during the year	...	...	...	...	...	...	...	...	60 All satisfactory

(Pasteurized 29, sterilized 8, tuberculin tested-pasteurized 23)

FOOD SAMPLING

<i>Meat and Meat Products</i>				<i>Number of samples taken</i>		<i>Results</i>	
						<i>Satisfactory</i>	<i>Unsatisfactory</i>
Liver sausage	...	...	...	1		1	—
Silverside	...	...	...	2		1	1
Corned beef	...	...	...	13		13	—
Ham	...	...	...	5		2	3
Ham and tongue	...	...	...	2		—	2
Brisket	...	...	...	7		3	4
Jellied veal	...	...	...	6		6	—
Brawn	...	...	...	4		3	1
Tongue	...	...	...	3		1	2
Pork	...	...	...	7		5	2
Luncheon meat	...	...	...	3		3	—
Bacon and ham loaf	...	...	...	1		1	—
Ham and egg pie	...	...	...	1		1	—
Steak and kidney pie	...	...	...	1		1	—
Boiled bacon	...	...	...	3		1	2
Faggot	...	...	...	1		1	—
Breakfast sausage	...	...	...	2		2	—
Beef croquette	...	...	...	1		1	—
Chicken fritters	...	...	...	2		1	1
Sausage roll	...	...	...	2		2	—
Meat and potato pie	...	...	...	1		1	—
Scotch egg	...	...	...	2		—	2
Chicken croquette	...	...	...	2		2	—
Cornish pasty	...	...	...	2		2	—
Total				74		54	20

					<i>Number of samples</i>		<i>Results</i>	
<i>Miscellaneous</i>					<i>taken</i>	<i>Satisfactory</i>	<i>Unsatisfactory</i>	
Doughnut	...	...	...	...	4	2	2	
Fishcakes	...	...	...	...	47	22	25	
“ Mertona ” cream filling	...	...	...	...	12	7	5	
Cheese ...	...	...	...	...	4	4	—	
Custard tart	...	...	...	...	1	1	—	
Devon split	...	...	...	...	6	3	3	
Cream ...	...	...	...	...	5	5	—	
Watercress	...	...	...	...	3	3	—	
Cream slice	...	...	...	...	1	1	—	
Coconut	..	...	...	...	38	36	2	
Jelly trifles	...	...	...	...	1	1	—	
Cream horn	..	...	...	...	1	—	1	
Mousse	...	...	...	...	1	1	—	
Cream Swiss cake	...	...	...	...	1	—	1	
Cream split	...	...	...	...	1	1	—	
Salmon croquette	...	...	...	...	2	2	—	
Mussels	...	...	...	...	1	1	—	
Cockles	...	...	...	...	3	3	—	
Jellied eels	...	...	...	...	2	2	—	
Whelks	...	...	...	...	1	1	—	
Total					135	96	39	

FOODSTUFFS CONDEMNED AS UNFIT FOR HUMAN CONSUMPTION

									<i>lbs.</i>	<i>oz.</i>
Canned meat	...	...	...	...	...	...	...	...	342	5
Canned fish	...	...	...	...	...	...	...	...	14	10
Canned milk	...	...	...	...	...	...	...	...	8	8
Canned fruit	...	...	...	...	...	...	...	...	236	3
Canned vegetables	...	...	...	...	...	...	...	...	46	2
Canned jam	...	...	...	...	...	...	...	...	66	—
Canned soup	...	...	...	...	...	...	...	...	18	—
Miscellaneous canned goods	...	...	...	...	...	...	...	...	8	1½
Ham and bacon	...	...	...	...	...	...	...	...	108	—
Meat	...	...	...	...	...	...	...	...	262	—
Rabbits	...	...	...	...	...	...	...	...	76	—
Fish	...	...	...	...	...	...	...	...	85	—
Poultry	...	...	...	...	...	...	...	...	732	—
Milk chocolate	...	...	...	...	...	...	...	...	504	—
Biscuits, chocolate coated	...	...	...	...	...	...	...	...	84	—
Frozen foods	...	...	...	...	...	...	...	...	22	2
Cereals	...	...	...	...	...	...	...	...	38	4
Fats	...	...	...	...	...	...	...	...	12	9
Miscellaneous	...	...	...	...	...	...	...	...	59	4½
Total									2,723	1

LEGAL PROCEEDINGS

<i>Law Contravened</i>	<i>Offence</i>	<i>Fine</i>	<i>Result Costs</i>		
Food and Drugs Act, 1955, Section 2	Selling a packet of dates containing a nail ...	£10 0 0	£5	5	0
	Selling a packet of mouldy tea	£10 0 0	£5	5	0
	Selling a packet of potato puffs containing foreign material	£5 0 0	£5	5	0
	Selling a cream horn containing an insect ...	£5 0 0	£5	5	0
	Selling a cake containing a metal bolt	£25 0 0	£5	5	0
	Selling a cream doughnut containing a sharp splinter of wood	£15 0 0	£5	5	0
	Selling bread contaminated by bird droppings ...	£25 0 0	£5	5	0
	Selling a mouldy pork pie	£5 0 0	£5	5	0
	Selling a tin of rhubarb containing a nail ...	£5 0 0	£5	5	0
	Selling a rancid and mouldy chocolate covered sponge cake	£25 0 0	£5	5	0
	Selling a loaf of bread containing foreign matter ...	£10 0 0	£4	4	0
	Selling currant buns contaminated by greasy substance	£20 0 0	£5	5	0
	Selling mouldy mock salmon cutlets	£10 10 0	*£3	15	6
	Selling a mouldy steak and kidney pie	£12 12 0	£3	3	0
	Selling a bread roll containing a beetle	£10 0 0	£5	5	0
	Selling a mint sweet containing a piece of metal	£10 0 0	£5	5	0
	Selling a cake containing a match stick	£10 0 0	£7	7	0
	Selling mouldy pork sausages	£10 0 0	£5	5	0
	Selling a mouldy meat pasty	Case dismissed			
Food Hygiene (General) Regulations, 1960	Café – premises and equipment in dirty condition, failure to provide some items of equipment ...	£50 0 0	£5	5	0

* Appeal against conviction to Essex Quarter Sessions dismissed

SUMMARY OF LEGAL PROCEEDINGS

Prosecutions ordered by Council	...	...	...	...	...	...	...	19
Cases heard in Magistrates' Court	...	...	...	...	...	...	...	20
(included 6 cases carried forward from 1961)								
Cases remaining to be dealt with at 31.12.62	...	...	...	...	...	...	...	2
Cases not proceeded with — Defendant company dissolved	...	...	...	...	...	...	...	1
Cases referred to Essex County Council	...	...	...	...	...	...	...	1
No action taken	...	...	...	...	...	...	...	1

Rodent Control (Prevention of Damage by Pests Act, 1949)

Properties dealt with	...	...	...	...	...	...	...	548
Inspections made	...	...	...	...	...	...	...	2,693
Properties inspected and no infestation found	...	...	...	...	...	...	...	15
Infestations:								
Rats—major	...	...	...	...	...	...	...	Nil
minor	...	...	...	...	...	...	...	203
Mice—major	...	...	...	...	...	...	...	Nil
minor	...	...	...	...	...	...	...	48
Complaints received	...	...	...	...	...	...	...	234
Contracts entered into	...	...	...	...	...	...	...	50
Infestations treated by the Council	...	...	...	...	...	...	...	251
Sewer manholes baited (infestation found — Nil)	...	...	...	...	...	...	...	14

Factories

FACTORIES ACT, 1961

	Number on register		Written Occupiers Inspections notices prosecuted	
(a) Inspections				
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	...	...	...	...
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	...	...	...	...
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding outworkers' premises)	...	...	...	...
	5	5	—	—
	124	3	—	—
	39	11	2	—
	168	19	2	—

(b) Cases in which defects were found:

	Found	Remedied	Referred to H.M.	by Inspector	Number of prosecutions
Want of cleanliness (Section 1)	1	1	—	—	—
Overcrowding (Section 2)	—	—	—	—	—
Unreasonable temperature (Section 3)	—	—	—	—	—
Inadequate ventilation (Section 4)	—	—	—	—	—

Ineffective drainage of floors (Section 6) ...	—	—	—	—	—
Sanitary conveniences (Section 7) ...					
(i) Insufficient ...	1	—	—	—	—
(ii) Unsuitable or defective	—	—	—	—	—
(iii) Not separate for sexes	—	—	—	—	—
Other offences against the Act (not including offences relating to outwork) ...	1	—	1	—	—
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
	3	1	1	—	—
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>

(c) *Outwork*

One hundred and fifty outworkers were on the register at 31st December, 1962 and were engaged mainly on work in connexion with wearing apparel.

Summary of other work carried out by Public Health Inspectors

Complaints investigated and action taken ...	322
Intimation notices served ...	64
Statutory notices served ...	3
Inspections of food premises, including food shops, bakehouses, market stalls and itinerants' vans ...	1,153
Inspections of shops other than food shops ...	12
Inspections of premises in connexion with duties under the Petroleum (Consolidation) Act, 1928 ...	130
Inspections of hairdressers' establishments ...	9
Inspections of swimming pools ...	29
Inspections of schools — general ...	5
Inspection in connexion with refuse collection ...	49
Inspections of drainage ...	179
Visits in connexion with infectious diseases ...	202
Visits in connexion with caravans ...	51
Visits in connexion with complaints and nuisances (other than housing matters) ...	187
Visits in connexion with insect infestations ...	83
Visits in connexion with Smoke Control Areas ...	403
Visits in connexion with other duties under Clean Air Act, 1956 ...	556
Inspections of places of entertainment ...	2
Visits in connexion with water supplies ...	7
Sundry other visits ...	127

COUNTY COUNCIL HEALTH SERVICES

Ante-Natal Clinics

(a) Ante-natal attendances	...	...	...	...	...	...	13,588
(b) Post-natal attendances	...	...	...	...	...	...	465

Child Welfare Clinics

Attendances under 1 year	...	...	...	...	...	...	19,347
1 - 5 years	...	...	...	...	...	...	5,349

Midwifery and Home Nursing

Number of cases attended by midwives:

(a) domiciliary confinements	...	...	...	...	...	...	736
(b) as maternity nurses after early hospital discharge	...	...	...	...	...	...	178
Number of visits paid by home nurses	9,173

Health Visiting

Number of visits made	14,797
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Immunizations (other than B.C.G.)

Smallpox	6,362
Re-vaccinations	6,542
Diphtheria / pertussis / tetanus	913
Booster doses	...	...	...	...	...	...	186
Diphtheria / tetanus	...	...	...	...	...	...	46
Booster doses	...	...	...	...	...	...	24
Diphtheria	...	...	...	...	...	...	186
Booster doses	...	...	...	...	...	...	944
Pertussis	...	...	...	...	...	...	84
Booster doses	...	...	...	...	...	...	2
Tetanus	...	...	...	...	...	...	171
Booster doses	...	...	...	...	...	...	41
Poliomyelitis — Salk vaccine	...	...	...	...	...	...	1,296
Third injections	...	...	...	...	...	...	1,998
Fourth injections	...	...	...	...	...	...	1,524
Sabin oral vaccine	...	...	...	...	...	...	594
Booster dose following two injections	...	...	...	...	...	...	418
Booster dose following three injections	...	...	...	...	...	...	777

B.C.G. Vaccination

Number to whom offered	...	...	...	...	...	...	1,099
Number given tuberculin test after parents' consent obtained	...	...	...	...	...	...	694
Percentage	...	...	...	...	...	...	63.1
Number who gave a positive reaction to tuberculin test	...	...	...	...	...	...	55
Number vaccinated with B.C.G.	...	...	...	...	...	...	643

ATMOSPHERIC CONDITIONS

	<i>Air Temperature</i> <i>(Fahrenheit)</i>			<i>Rainfall</i> <i>in inches</i>	<i>Smoke and Sulphur Dioxide</i> <i>in micrograms per cubic</i> <i>metre</i>			
	<i>A</i>	<i>B</i>	<i>C</i>		<i>Templefields</i>		<i>Netteswell Hall</i>	
	<i>Mean</i> <i>Min.</i>	<i>Mean</i> <i>Max.</i>	<i>Mean of</i> <i>A & B</i>		<i>Smoke</i>	<i>SO₂</i>	<i>Smoke</i>	<i>SO₂</i>
January	33.2	45.5	39.3	2.66	65	294	74	138
February	33.7	45.3	39.4	0.62	59	274	47	100
March	27.5	46.4	36.9	1.54	56	255	47	119
April	38.1	53.4	45.7	2.09	25	193	20	99
May	42.6	58.6	50.6	1.10	23	145	15	94
June	44.3	67.3	55.8	0.15	14	130	13	130
July	50.9	66.9	58.9	3.77	14	126	12	74
August	50.7	67.1	58.9	1.95	15	158	12	167
September	46.7	63.3	55.0	2.85	16	144	21	147
October	43.0	59.8	51.4	1.53	43	126	49	133
November	35.7	46.8	41.2	1.56	71	154	73	132
December	27.4	40.6	34.0	2.20	88	262	78	184

The metereological data were supplied by the Harlow Development Corporation. Observations of smoke and sulphur dioxide were made by the Public Health Department.

